#### Lincoln County Civil Service Commission

PO Box 28 Davenport WA 99122 Hours: Wednesday 8:00 a.m. - 3:00 p.m. 509-725-3031

#### DEPUTY SHERIFF (ENTRY LEVEL)

Testing for the purpose of establishing an eligibility list to hire for the above position. To take the examination for DEPUTY SHERIFF (ENTRY LEVEL) you must meet the requirements listed below:

- Age 21, a citizen of the United States who can read and write the English language.
- Possess a valid Washington State Driver's License at time of appointment.
- High School Diploma or GED Certificate.
- No record of any felony convictions.
- Vision no worse than 10/100 w/o correction, correctable to 20/20 20/30. Good night vision. Normal hearing in voice tones at 500 to 2000 Hz.
- Height and weight proportional and sufficient for physical restraint of suspects.
- Able to pass written, physical ability test and oral interview.
- Pass background review, polygraph, psychological examination and drug testing.
- Willing to relocate anywhere within Lincoln County when hired, if position requires relocating.
- This is a union position and as a condition of your employment, you may be required to join the union.

2014 Wage = \$3803. - \$5055. per month, plus shift differential.

Written and ability testing will be held June 20, 2014.

Location: Lincoln County Courthouse, lower level, entrance is on 5<sup>th</sup> street.

Time: 8:30 AM

The written test is the first part of the test and when passed, the physical ability test will follow.

Enclosed are physical requirements for passing the ability test. The ability test form must be signed by your physician prior to your taking the ability test. Bring the Physician's signed slip on the day of the test.

Return your completed application with the waiver notarized.

Postmarked by: June 14, 2014 Lincoln County Civil Service PO Box 28

Davenport WA 99122

You will not receive a conformation notice.

Anne Filion Secretary / Examiner

# LINCOLN COUNTY CIVIL SERVICE COMMISSION P O BOX 28 DAVENPORT WA 99122

## APPLICATION FOR EXAMINATION SHERIFF'S OFFICE

POSITION TITLE APPLIED FOR:			<u>.</u>
question does not apply to you, write grounds for rating you ineligible for co	nswered in <u>ink</u> and in the <u>handwriting</u> (we "N/A" (not applicable). A false or dishounty employment, or for dismissal after a blice record check, fingerprints, and former	onest answer to any appointment. All sta	question may be
NAME	SOCIAL SECU	JRITY NO	
DINCICAL ADDDESC			
PHYSICAL ADDRESSStreet	City	State	Zip
MAILING ADDRESSStreet	City		
Street	City	State	Zip
HOME PHONE	MESSAGE PHONE		
E-MAIL ADDRESS	CELL PHONE		
BIRTH DATE	AGE		
Are you a citizen of the U.S.A.?			
Branch of Service	iment to public office where you used your Dircle the highest grade completed in scho 5 6 7 8 9 10 11 12 GED <b>College</b> : 1 2 3 4	Vet. Pref.?ol: Graduate: 1 2 3 4	
NAME OF SCHOOL	T ALL SCHOOLS ATTENDED AFTER H LOCATION	R HIGH SCHOOL DIPLOMA/DEGREE	
PARILE OF GOTTOOL	FOOTHOR	DII LONIA	DEGREE
	(list three persons who are NOT RELATE ss for the position for which you are applyi		e definite
NAME	ADDRESS	PHONE	NUMBER
· · · · · · · · · · · · · · · · · · ·			
Have you ever been arrested or convi	cted, taken into custody, charged or tried t	by any law enforceme	ent authority?

EMPLOYMENT: List all employment beginning with present position and working back 5 years. If you need additional space, please continue on a separate sheet of paper. May inquiry be made of your present employer? Yes\_\_\_No\_\_\_

Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		
Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		
Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		
Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		
Employer	Job Title	FROM (Month, Year)
Address		TO (Month, Year)
Phone	E-mail	Monthly Salary
Specific Duties		Immediate Supervisor
Reason for Leaving		
telephone number, and that failu	re to do so may result in my name being rem	office informed of any change of address and/or noved from the eligible list.  Oplication; further, all statements! have made herein

are in my own handwriting and are true and correct to the best of my knowledge and belief.

I consent and authorize Lincoln County and its personnel to request any information concerning my previous employment, education, military service, or other pertinent material. I hereby release all parties connected with any requested information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

Failure to disclose or provide full information may result in your rejection for employment.

#### Please read and sign

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial and credit record through any investigative, credit agency or bureau of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living.

Date	Signature of Applicant

Please submit any additional documentation you wish to include with this application.

#### LINCOLN COUNTY SHERIFF'S OFFICE

#### WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Lincoln County Sheriff's Department with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records, and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualifications and fitness for the position I am seeking with the Department.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Lincoln County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Lincoln County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me, and I hereby waive any right to discovery of said information should legal proceedings be undertaken as a result of not being hired by said department.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

	Applicant's Signature	
	Date	
State of		
County of		
Subscribed and sworn to before me this	day of , 20 .	
outside and even to serve we was		
	BLIC in and for the State of Washington,	
residing in My commission	on expires	

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

The enclosed papers are the requirements for passing the agility test. You physician must sign the form prior to your taking the test.

Please bring the signed form with you on the day of the test.

### SCORING THE FITNESS ABILITY TEST Entry Level Road Deputy

The test consists of 300 Meter run, sit-ups, push-ups and a 11/2 mile run. The scoring for these tasks is based upon a score for point accumulation in each test activity.

You must score 160 points on this test to proceed to the Oral Interview. I have reviewed the 4 elements of the Washington State Criminal Justice Training Commission Fitness Ability test on the attached form and tested the vision and hearing and find the candidate identified below can perform the elements of the test safely. Vision: Vision no worse that 20/100 w/o correction, correctable to 20/20 - 20/30. Yes\_\_\_\_ No\_\_\_\_ Hearing: Normal hearing in voice tones at 500 to 2000 Hz. Yes\_\_\_\_\_ No \_\_\_\_\_ Date Candidate's Name Physician's Name Physician's Address\_\_\_\_\_

Physician's Signature

### PHYSICAL FITNESS ABILITY TEST 300 METER RUN SCORING MATRIX

1.33	Time in	1,33
Point/Sec	Seconds	Point/Sec
50	63.5	40
49.3	64	39.328
48.67	64.5	38.66
. 48	65	38
47.34	65.5	37.33
46.67	66	36.66
46.0	66.5	36
45.33	67	35.33
44.67	67.5	34.66
44	68	34
43.33	68.5	33.33
42.67	69	32.66
42	69.5	32
41.33	70	31.33
40.67	70.5	30.66
	71	30
	Point/Sec 50 49.3 48.67 48 47.34 46.67 46.0 45.33 44.67 44 43.33 42.67 42 41.33	Point/Sec         Seconds           50         63.5           49.3         64           48.67         64.5           48         65           47.34         65.5           46.67         66           45.33         67           44.67         67.5           44         68           43.33         68.5           42.67         69           41.33         70

#### **PUSH-UPS**

### SCORING MATRIX

Number	1.43	
of Reps	Points/Rep	
35	50.0	
34	48.62	
33	47.19	
32	45.76	
-31	44.33	
30	42.9	
. 29	41.47	
28	40.04	
27	38.61	
26	37.18	
25	35.75	
24	34.32	
23	32.89	
22	31.46	
21	30.0	

MATRIX I minute

Number of Reps	2.375 Points/Rep	
	The second second	
38	50	
37	47.625	
36	45.25	
35	42.875	
34	40.5	
33	38.125	
32	35.75	
31	33.375	
30	30	

### SIT-UPS SCORING

### PHYSICAL FITNESS ABILITY TEST

### 1.5-MILE SCORING MATRIX

Time	Points	Time	Points
.357 Points/Second		.357 Points/Second	
13:35	50	14:03	39.996
13:36	49.635	14:04	39.639
13:37	49.278	14:05	39.282
13:38	48.921	14:06	38.925
13:39	48.564	14:07	38.568
13:40	48.207	14:08	38.211
13:41	47.85	14:09	37.854
13:42	47.493	14:10	37.497
13;43	47.136	14:11	37.14
13:44	46.779	14:12	36.783
13:45	46.422	14:13	36.426
13:46	46.065	14:14	36.069
13:47	45.708	14:15	35.712
13:48	45.351	14:16	35.355
13:49	44.994	14:17	34.998
13:50	44.637	14:18	34.641
13:51	44.28	14:19	34.284
13:52	43.923	14:20	33.927
13:53	43.566	14:21	33.57
13:54	43.209	14:22	33.213
13:55	42.852	14:23	32.856
13:56	42.495	14:24	32.499
13:57	42.138	14:25	32.142
13:58	41.781	14:26	31.785
13:59	41.424	14:27	31.428
14:00	41.067	14:28	31.071
14:01	40.71	14:29	30.714
14:02	40.353	14:30	30.357
		14:31	30.00